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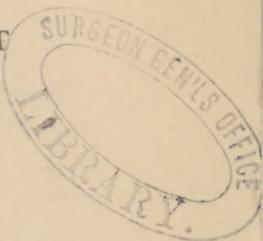


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SALICYLATE OF SODIUM IN THE TREATMENT OF IRITIS.

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SALICYLATE of sodium has accomplished good work at the Presbyterian Eye and Ear Hospital of Baltimore, in the treatment of acute scleral and iritic inflammations.* In the latter disease especially has its effects been the most satisfactory, and its controlling action the most prompt. Its good work has been exhibited in cases of idiopathic iritis, whether the inflammation originated from specific poisoning or from other internal causes. In many cases the disease, when at its height, is influenced so readily that, in the course of 24 hours, a marked improvement is experienced in the symptoms, with relief from pain and a subsidence of the injection, a satisfactory evidence that the paroxysm of acute iritis has had a serious check. In comparatively a few hours convalescence sets in, and is steadily progressive to a speedy and perfect cure of the acute inflammatory process.

The doses necessary to bring about these good results are large, and must be frequently repeated at short intervals. Water forms a ready solvent for the salt, to which any aromatic addition, as tincture of cardimon, ginger, orange peel or extract of liquorice, may be made to mask its disagreeable taste, and to complete what is usually called

* Publicity in Baltimore was first given to the efficacy of Salicylate of Sodium in iritic diseases, by Dr. Wm. J. McDonnell at that time one of the medical staff of the Hospital, in an article read before the State Medical Society of Maryland in April 1879, and published in the society transactions for that year.

by dispensing druggists an elegant preparation. For hospital work the dose is 20 to 30 grains taken in a wineglass of water, and repeated every three hours, making from 150 to 200 grains of the salicylate of sodium for the first 24 hours of treatment, to be continued until the desired effects are produced. Should the paroxysm show decided indications of yielding at the end of the first day, the intervals may be increased to four hours, then to three times a day, slowly tapering off until the remedy is no longer needed. At times the stomach is much irritated by these doses, and nausea, even to vomiting, is induced. The head will ring as if from full doses of quinine, and temporary deafness is a very common sequel of the liberal administration of this drug. Some of my patients have complained of cerebral excitement, and even of hallucination, not always in a pleasant form. All of these disagreeable symptoms have promptly disappeared when the remedy is discontinued, and do not always accompany its administration.

If decided benefit is not observed in 48 to 72 hours the salt is not likely to prove useful in the given case, and the stomach and head disturbances require a change of treatment. I have promptly checked recurrent attacks of specific iritis in a few days by the administration of the salicylate of sodium, which, under the usual treatment of mercury and the iodide of potash, would necessitate weeks of medication to bring about the same salutary results. With the salicylate treatment mydriatics, of course, cannot be omitted.

The following report of a case only recently under treatment, exhibits the controlling influences of salicylate of sodium more conspicuously than any other which has come under my observation.

Miss M., æt. 50, residing in Washington, D. C., was operated upon six years since by iridectomy for an acute attack (fulminans) of glaucoma in both eyes. Sight was rapidly reduced to shadows, and the pain was very severe. The operation gave speedy relief, and within two months they had had resumed active work in a large school, to which she added extra hours of study in the preparation of school books. Six months of this

over eye-work brought on a second attack of glaucoma, which necessitated the removal of an additional piece of iris from each eye, until nearly one-quarter of the iritic septum was taken away. The extensive corneal wound with loss of so much iris have given her six years of comfort and good eye-sight. In the left eye, her best, in which she has very acute sight, although she reads brilliant with either eye, there has been a small cystoid cicatrix, with a little end of incarcerated iris. This little blister would frequently rupture, and by taking off tension from the anterior chamber would give comfort; in other respects it would cause a very disagreeable feeling of grit, and would often be surrounded by a blush in the sclera prior to rupture. For nearly four years this little annoyance has been going on. Frequently she would have the vesicle stuck by her family physician, and at times he was induced to apply to it a point of nitrate of silver.

Six weeks since this left eye suddenly became very painful, highly injected, with very blurred vision. The physician called to see her, leeched her temple freely, and expressed such anxiety as to the seriousness of the disease that she was induced to take the train the next day for Baltimore, so that 48 hours from the commencement of this present trouble she came under my observation. I found her with all the prominent symptoms of an acute attack of iritis. The eye was highly injected, with slight increase of tension, and was very painful. The large coloboma was muddy, but exhibited no tendency to contraction. The iris was quite greenish when contrasted with the blue iris of the right eye, and some pus was sharply defined at the lower portion of the anterior chamber. Vision was reduced to the counting of fingers at one foot from the eye, and a turbid vitreous rendered it impossible to make a fundus examination with the ophthalmoscope. As the increased tension was not very decided, and the symptoms of iritis were by far the most conspicuous, I had the artificial leech applied, and commenced at once the salicylate of sodium treatment in 25-grain doses, at intervals of $2\frac{1}{2}$ hours. The administration was faithfully carried out during the night, and on the next day, at the end of 24 hours, the appearances of the eye were markedly improved. All pus had disappeared from the chamber, and the conjunctival congestion was much paler. Pain had decidedly lessened, and the patient had a very comfortable eye, but she complained much of the effects of the remedy upon

stomach and head. She was deaf, buzzing and nauseated, and complained of queer feelings. Notwithstanding her discomfort I urged her, for the sake of saving her eye, to continue with the remedy for another day in increased intervals of from three to four hours. At the expiration of 48 hours the improvement could not be questioned. The iris had regained its blue color, and the pupil had lost much of its muddy look. She could count fingers much further off, but could not yet distinguish beyond number xx of Jäger's test type. All pain had gone, and much of the redness with it. She now complained so much of the disagreeable effects of the salicylate, and specially the hallucination of frightful faces jeering at her, that I was compelled to substitute for this salt the iod. potash. Convalescence had been, however, already well established, and the improvement in vision was so marked from day to day that she returned to her school work within a fortnight. She finally regained the perfect use of her eyes, reading easily the No. 1 of Jäger with the cylinder glasses, which correct the traumatic astigmatism sequel of the extensive corneal incision of six years ago.

